LOYOLA UNIVERSITY NEW ORLEANS

DEPARTMENT OF HUMAN RESOURCES

NEW POSITION or POSITION RE-CLASSIFICATION REQUISITION FORM

Revised 04/08

☐ **NEW POSITION** (Complete this section and budget information below; attach proposed job description.)		
Department:		
Proposed Position Title:		
Recommended Annual Salary/ Hourly Rate:		Start Date:
Full-time☐ Part-time☐	If part-time, hours worked per week:	
Director/Department Head Signature:		Dean Signature:
Additional Requirements: Attach new job description; complete budget information below.		
Comments:		

☐ **POSITION RE-CLASSIFICATION** (Complete this section and budget information; attach current and proposed job description; complete attached worksheet.)			
Department:	Position vacant? ☐ Yes ☐ No, Employee in position:		
Current Position Title:			
Current Annual Salary:	Current Grade Level:	☐ Exempt ☐ Non-Exempt	
Recommended Title:		Recommended Salary Range:	
Reason for Re-classification:			
Director/Department Head Signature:		Dean Signature:	
****BUDGET INFORMATION** (For Re-Classification or New Position request)			
	Budget Department Name	Account Number	Distribution %
This year	1)	1)	1)100
	2)	2)	2)
On-going	1)	1)	1)100
	2)	2)	2)

FOR HUMAN RESOURCES USE ONLY: **Date Received in HR:** _____

$_____ Additional Benefit dollars to be taken from above accounts = 27% of new position or 7.65% of re-classification increase.

Position Title: _____CUPA #_____

Grade: _____ ☐ Exempt ☐ Non-Exempt Salary Range: _____Effective Date: _____

Approved by:

_____ _____
Human Resources Approval Date

_____ _____
Vice President or Provost Approval Date